



P.O. Box 83720
Boise, ID 83720-0095

EXPENSE REPORT

Name:
Address:
City/State/Zip:
Phone:
Location:

Purpose of Trip or Expense:

DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY		
DATE									
TRAVEL FROM TO TO								TOTALS	
Miles @ 0.505									
Mileage Expense	-	-	-	-	-	-	-	-	
Airfare								-	
Ground								-	
Tolls								-	
Parking								-	
Other Tips								-	
SUBTOTAL - TRANSPORTATION								-	
Breakfast (Less tips)								-	
Lunch (Less tips)								-	
Dinner (Less tips)								-	
Meal Tips								-	
SUBTOTAL - MEALS, TIPS								-	
Lodging								-	
Telephone								-	
Postage								-	
Duplicating								-	
Other Tips								-	
SUBTOTAL -Lodging & Other Expenses								-	
NOTES & EXPLANATIONS BELOW								TOTAL EXPENSES	-
								LESS ADVANCES	
								Due to Traveler	-
Date	Description / Comments							Amount	
I certify these expenses were for travel or work for Idaho BPA.				DATE:	APPROVED:		ACCOUNTING:		
Signed:									

This expense report must be submitted within 45 days of travel or expense. Receipts are required for all expenses except meals, tips, mileage and tolls. To receive reimbursement of airfare, the original copy of the passenger coupon (back of airline ticket) must be included. See additional reimbursement policies below. **ALL TRAVEL MUST BE PRIOR APPROVED BY THE STATE ADVISOR.**

Meal's may not exceed the following amounts:
 Breakfast - \$7.50 Lunch and Dinner - \$27.00
 Breakfast and Lunch - \$18.00 Dinner - \$16.50
 Lunch - \$10.50 Full Day - \$30.00